

Justification for use of B9998 Miscellaneous Medical Nutrition Procedure Code

★Fax this form to obtain authorization prior to submitting your claim

Attn: Medical Nutrition Program

Fax: 360 586-1471

Also fax: Your Invoice Prescription

Agency Name: _____

Agency Provider #: _____

Client Name: _____

Client PIC: _____

Client Diagnosis: _____

Date of Service: _____ Name of the Equipment: _____

Medical Necessity: _____

Units Requested _____

Date of Service: _____ Name of the Equipment: _____

Medical Necessity: _____

Units Requested _____

Date of Service: _____ Name of the Equipment: _____

Medical Necessity: _____

Units Requested _____

Date of Service: _____ Name of the Equipment: _____

Medical Necessity: _____

Units Requested _____

For MAA USE ONLY

Decision: ☐ Approved ☐ Denied Not Medically Necessary ☐ Alternate Code suggested _____,

Description _____, Payment per Unit _____, Total Payment _____

Logged Date: _____ Need to establish code: ☐ Yes ☐ No